



UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
NATIONAL MARINE FISHERIES SERVICE  
Silver Spring, Maryland 20910

Mr. Julio Galindo  
President  
Institute for Marine Sciences  
Roatan, Bay Islands  
Honduras

Dear Mr. Galindo:

In February we sent you two formats, Marine Mammal Transport Notification and Marine Mammal Data Sheet, to simplify your compliance with and our administration of the 15-day advance transport/transfer notification and other inventory reporting requirements under the Marine Mammal Protection Act (MMPA). Enclosed for your verification or correction are data sheets for the marine mammals included in the present inventory database as being held now, or having been held, by you. Also enclosed is a summary report, Marine Mammal Inventory Report - Summary by Holder/Species (MMIRS), listing the marine mammals for which you have or have had custody; a sheet that includes important address and contact information; and a certification letter for your response. Please review all of the enclosures, complete them according to these instructions, and return them **no later than July 15, 1995**.

Please review, make corrections, and verify that the information on each enclosed data sheet is correct. **Return ALL the data sheets.** Correct data sheets are essential to ensure an accurate starting point for the new MMPA-mandated Marine Mammal Inventory. Since edits of the inventory database will be made only from corrections you provide to the data sheets, it is important that you make all corrections directly on the individual data sheets, **not** on the MMIRS enclosed for your information. We suggest that a red pen be used when making your corrections and as each data sheet is verified and corrected, you initial and date the upper margin of each data sheet.

All animals for which you have responsibility must be listed on your inventory and sufficient information must be submitted to ensure a complete data sheet for each animal. This is your opportunity to ensure that the MMPA-mandated Marine Mammal Inventory is as accurate as possible. Once edits have been completed, new data sheets will be printed and returned to you for retention in your files and for future reporting needs; i.e., for notification of the disposition of a marine mammal (e.g., death, release, or transport/transfer (as an attachment to a Marine Mammal Transport Notification)). Blank data sheets should be completed and submitted when you obtain a new marine mammal by wild capture, captive birth, or import. We have enclosed several blank Marine Mammal Data Sheets for this purpose. You may duplicate these as needed. Permits continue to be required for wild capture and import of marine mammals.



PH-60002-2

P573

Data sheets for animals in your custody must include the facility at which they are being held. If you received the animal by transfer from another holder, and the facility changed, in section III of the data sheet, "Source", you should also include the facility from which the animal was shipped. If the animal is one you transferred to another holder, and the facility changed, in section IV of the data sheet, "Disposition", you should include the facility to which the animal was shipped. Facility information is particularly important for holders with multiple facilities or for single-facility holders that are maintaining marine mammals in different facilities.

Please also make corrections and verify that the information on the enclosed address and contact sheet is correct. Accurate address and contact information is essential to ensure efficient and reliable communication. The responsible official should be the person with signatory authority for marine mammal custody decisions. The contact should be the registrar or other person responsible for maintaining your marine mammal records. In addition, please ensure that this sheet includes your correct USDA license number, issuance date, and expiration date.

As we stated in our February letter, this verification/correction of individual data sheets for your marine mammal inventory is a one-time only exercise. Once an accurate marine mammal database has been established, Marine Mammal Data Sheets will need to be submitted only on a case-by-case basis as events occur (e.g., transport/transfer, birth, capture, import, death/release, etc.). As we receive data sheet updates to your marine mammal inventory, we will return updated Marine Mammal Data Sheets to you, thereby both verifying our receipt and providing you with an updated data sheet for your records and your future use.

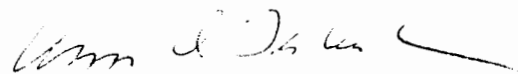
In the future, a MMIRS will be sent to you annually for your review and certification of its accuracy. If you have submitted notification information as required under the MMPA, i.e., Marine Mammal Data Sheets and, as necessary, Marine Mammal Transport Notifications, then this summary report should reflect accurately the status of your marine mammal inventory.

We appreciate your patience during the last few months as we have revised our database software and converted our existing inventory database to support the new requirements of the 1994 Amendments to the MMPA. We have worked hard to ensure that the enclosed data sheets include all the information available in the existing inventory database. However, in cases where the existing inventory database was in error or incomplete, these same errors or omissions have been most likely carried over into

the revised database, and now must be corrected. The accuracy and usefulness of the Marine Mammal Inventory mandated under the MMPA is dependent on the accuracy of the information you submit in response to this request, and, in the future, on your compliance with MMPA notification requirements.

Please return the certification letter, the address and contact sheet, and all data sheets no later than July 15, 1995, to Ms. Ann Terbush, Chief, Permits Division, F/PR1, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910. Response should be by mail only; please do not FAX your response. If you have questions, please contact Ms. Pat Bradley at (301) 713-2289.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ann D. Terbush", followed by a long horizontal flourish.

Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources

Enclosures

**MARINE MAMMAL DATA SHEET**

(Recommended Format - 2/1/95)

Date 6/13/95

OMB No. 0648-0084, exp 9/30/96

HN: SN:

For NMFS Use Only

**I. Holder-Specific:**Holder: Institute for Marine Sciences Facility: \_\_\_\_\_  
Person or other Entity With Custody of the Marine Mammal Name of Holding Facility (if different from Holder)Date assumed custody: 09-15-94 Date arrived at Holding Facility: 09-15-94City/State/Zip (include Country for foreign facilities): Sandy Bay, Roatan, Honduras  
Location of Holding FacilityAnimal Identification No. OW-TT-6402 Animal Name: Tiger  
(assigned by holder) (assigned by holder)Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: hottlenose Tursiops truncatus Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name Scientific NameNOAA Identification No. \_\_\_\_\_ (☒ check here if unknown or not yet assigned)Date of birth: \_\_\_\_ - \_\_\_\_ - 49 ☐ Actual ☒ Estimated ☐ UnknownCaptive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beached/stranded ☐ UnknownDate of original captivity: 11-15-64 (ATTACH documentation if before December 21, 1972.)**III. Source:** Indicate how and from whom custody of this animal was obtained.☐ Captive birth☒ Transfer Name of Previous Holder: Ocean World, Ft. Lauderdale, FL☐ Import Permit No. \_\_\_\_\_ or ☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name JUN 22 1995**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Recipient: \_\_\_\_\_☒ Death Date: 05-28-95 Cause: ☐ Premature/Still Birth ☐ Euthanasia ☒ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ otherIf "Other Cause," describe briefly: see attached necropsy report☐ Release Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(Reintroduction)Location: \_\_\_\_\_  
Latitude/Longitude Tag Number or Description of Other Identifying Markings

PHF202

From: Gus W. Salvador, D.V.M., M.Div.  
Episcopal Medical Mission & Recompression Chamber  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103  
Telephone & Fax (504) 45-15-15

To: Mr. Eldon Bolton, Director  
IMS, AKR  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103

Date: 12 June 1995

Re: Postmortem Examination of a Dolphin

Subject Animal: Atlantic Bottlenose dolphin-"Tursiops truncatus" "Tiger" F DOB 1949, transported to Roatan from Florida September 15, 1994.

There were no significant or remarkable pathological lesions except those I have noted below. Representative tissue samples were taken for histopathological examination.

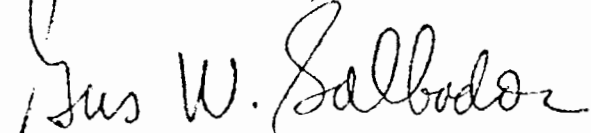
Gastrointestinal: The dolphin is of average flesh, blubber is slightly thin and icteric. Two black plastic spheres of 10.25 CM diameter were removed from: one from the first pyloric chamber, the second was removed from the first stomach compartment. The mucosa adjacent to these spheres was thickened and inflamed. The spheres were coated with a thick, foul smelling tar-like material, perhaps of fish oil origin. Mesenteric lymph nodes are thickened with foci of hemorrhage.

Respiratory: The lung is injected with blood, red hepatization and pneumonia in both lobes.

Liver: The gall bladder is empty. There is fibrosis of the inferior lobe.

Impression: This is an aged dolphin with her death possibly due to complications of a *Pseudomonas aeruginosa* pneumonia.

Sincerely yours,



Gus W. Salvador, D.V.M., M.Div.  
Executive Director

**MARINE MAMMAL DATA SHEET**Date 6/13/95

OMB No. 0648-0084, exp 9/30/96

HN: SN:

(Recommended Format - 2/1/95)

For NMFS Use Only

**I. Holder-Specific:**Holder: Institute for Marine Sciences Facility: \_\_\_\_\_  
Person or other Entity With Custody of the Marine Mammal Name of Holding Facility (if different from Holder)Date assumed custody: 09-15-94 Date arrived at Holding Facility: 09-15-94City/State/Zip (include Country for foreign facilities): Sandy Bay, Roatan, Honduras  
Location of Holding FacilityAnimal Identification No. OW-TT-6402 Animal Name: Tiger  
(assigned by holder) (assigned by holder)Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: Wattle-nose *Tursiops truncatus* Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name Scientific NameNOAA Identification No. \_\_\_\_\_ (☒ check here if unknown or not yet assigned)Date of birth: \_\_\_\_ - \_\_\_\_ - 49 ☐ Actual ☒ Estimated ☐ UnknownCaptive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beached/stranded ☐ UnknownDate of original captivity: 11-15-64 (ATTACH documentation if before December 21, 1972.)**III. Source:** Indicate how and from whom custody of this animal was obtained.☐ Captive birth☒ Transfer Name of Previous Holder: Ocean World, Ft. Lauderdale, FL☐ Import Permit No. \_\_\_\_\_ or ☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name: JUN 22 1995**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Recipient: \_\_\_\_\_☒ Death Date: 05-28-95 Cause: ☐ Premature/Still Birth ☐ Euthanasia ☒ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ otherIf "Other Cause," describe briefly: see attached necropsy report☐ Release Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(Reintroduction)Location: \_\_\_\_\_  
Latitude/Longitude Tag Number or Description of Other Identifying Markings

PHF202

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Episcopal Medical Mission & Recompression Chamber  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103  
Telephone & Fax (504) 45-15-15

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Sandy Bay, Roatan, Bay Islands  
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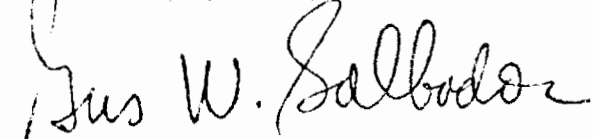
Gastrointestinal: The dolphin is of average flesh, blubber is slightly thin and icteric. Two black plastic spheres of 10.25 CM diameter were removed from: one from the first pyloric chamber, the second was removed from the first stomach compartment. The mucosa adjacent to these spheres was thickened and inflamed. The spheres were coated with a thick, foul smelling tar-like material, perhaps of fish oil origin. Mesenteric lymph nodes are thickened with foci of hemorrhage.

Respiratory: The lung is injected with blood, red hepatization and pneumonia in both lobes.

Liver: The gall bladder is empty. There is fibrosis of the inferior lobe.

Impression: This is an aged dolphin with her death possibly due to complications of a *Pseudomonas aeruginosa* pneumonia.

Sincerely yours,



Gus W. Salvador, D.V.M., M.Div.  
Executive Director

**MARINE MAMMAL DATA SHEET**

(Recommended Format - 2/1/95)

Date 03/07/95

OMB No. 0648-0084, exp 9/30/96

HN: \_\_\_\_\_ SN: \_\_\_\_\_

For NMFS Use Only

**I. Holder-Specific:**

Institute for Marine Sciences

Holder: \_\_\_\_\_ Facility: \_\_\_\_\_  
Person or other Entity With Custody of the Marine Mammal Name of Holding Facility (if different from Holder)Date assumed custody: 02-28-95 Date arrived at Holding Facility: \_\_\_\_\_City/State/Zip (include Country for foreign facilities): Sandy Bay, Roatan, HondurasLocation of Holding Facility  
PolitoAnimal Identification No. 9502-B-M01 Animal Name: \_\_\_\_\_  
(assigned by holder) (assigned by holder)Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: Tursiops truncatus Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name Scientific NameNOAA Identification No. \_\_\_\_\_ (☒ check here if unknown or not yet assigned)Date of birth: 02-28-95 ☒ Actual ☐ Estimated ☐ UnknownCaptive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beached/stranded ☐ Unknown

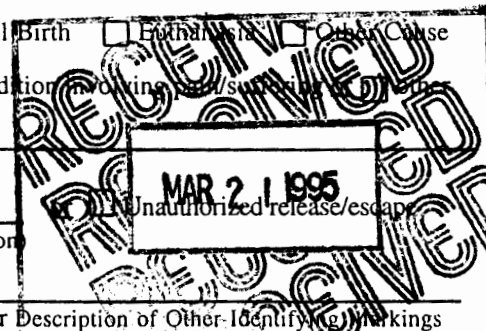
Date of original captivity: \_\_\_\_\_ (ATTACH documentation if before December 21, 1972.)

**III. Source:** Indicate how and from whom custody of this animal was obtained.☒ Captive birth☐ Transfer Name of Previous Holder: \_\_\_\_\_☐ Import Permit No. \_\_\_\_\_ or ☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer Date: \_\_\_\_\_ Recipient: \_\_\_\_\_☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/Still Birth ☐ Euthanasia ☐ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving \_\_\_\_\_

If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

(Reintroduction)

Location: \_\_\_\_\_  
Latitude/Longitude Tag Number or Description of Other-Identifying Markings

DAF202 P573



# Roatan Institute for Marine Sciences

Roatan, Bay Islands, Honduras C.A.  
Tel. (504) 45-1327, Fax (504) 45-1329

To: NMFS, Permits Division	For Information Call: (504) 45-1327
From : E. L. Bolton	At: Roatan I.M.S.
Pages: 3	Fax Number : (504) 45-1329

Notification of death of Penny, NOA0004526. Originals to follow by mail.



Eldon Bolton  
Director

**MARINE MAMMAL DATA SHEET**Date 12/1/95

OMB No. 0648-0084, exp 9/30/96

HN: SN:

(Recommended Format - 2/1/95)

For NMFS Use Only

**I. Holder-Specific:**Holder: Tropical Marine Sciences Facility: \_\_\_\_\_  
Person or other Entity With Custody of the Marine Mammal Name of Holding Facility (if different from Holder)Date assumed custody: 09-15-95 Date arrived at Holding Facility: 09-15-95City/State/Zip (include Country for foreign facilities): Sandy Bay, Roatan, Honduras  
Location of Holding FacilityAnimal Identification No. OW-II-6402 Animal Name: Denny  
(assigned by holder) (assigned by holder)Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: Notiophoca Tursiops truncatus Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name Scientific NameNOAA Identification No. W040004526 (☐ check here if unknown or not yet assigned)Date of birth: 01-01-61 ☐ Actual ☒ Estimated ☐ UnknownCaptive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beached/stranded ☐ UnknownDate of original captivity: 66-01-67 (ATTACH documentation if before December 21, 1972.)**III. Source:** Indicate how and from whom custody of this animal was obtained.☐ Captive birth☒ Transfer Name of Previous Holder: Ocean World Associates☐ Import Permit No. \_\_\_\_\_ or ☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer Date: \_\_\_\_\_ Recipient: \_\_\_\_\_☒ Death Date: 11-07-95 Cause: ☐ Premature/Still Birth ☐ Euthanasia ☒ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ otherIf "Other Cause," describe briefly: see necropsy report☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(Reintroduction)Location: \_\_\_\_\_  
Latitude/Longitude Tag Number or Description of Other Identifying Markings

## Gus and Jane Salvador

To: Eldon Bolton, Director  
Institute For Marine Science  
Anthony's Key Resort  
Roatan, Bay Islands, Honduras, Central America

From: St. Luke's Mission, Emergency & Hyperbaric Medicine  
Apartado Postal 102  
Roatan, Bay Islands, Honduras, Central America  
Tel & Fax 011+504-45-15-15

Date: November 7, 1995

Re: Postmortem examination of a dolphin NOA 0004526

Subject Animal: "Penny" an Atlantic bottlenose dolphin *Tursiops truncatus*. Sex: F; DOB: Estimated 01/01/61; Captured 6/1/67; Transported to Roatan 09/15/94. Died: 11/07/95.

History: Oceanworld reported this animal as having chronic elevated SGOT & SGPT enzyme values all of her life. Said to be a possible hepatitis suspect. Serology for hepatitis not available. Two weeks previous to death Penny had an on/off appetite, was being force fed. Last blood samples taken 08/11/95, WBC 17,800, 91% lymphs. Given Amoxicillin PO.

Autopsy: The body was well fleshed, the blubber substantial and & clear. Fibrin was present in the peritoneal fluid. Tissue samples taken from lung, heart, liver, small intestine, kidney, stomach lymph node with sterile cultures taken from heart, lung, liver and kidney.

Respiratory: Lung parenchyma red hepatized, congested, alveoli filled with blood.

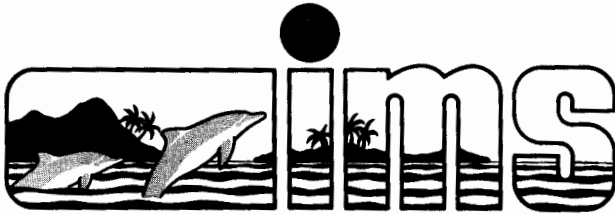
Hepatic: Liver fibrinous, dark, resistive to slicing.

Impression: Fibrinous peritonitis with chronic liver failure and pneumonia.

Sincerely,



Gus W. Salvador, D.V.M., M.Div., DMO  
Director



**institute for marine sciences**  
*instituto de ciencias marinas*



October 24, 1995

Ms. Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources  
NOAA/NMFS  
Silver Spring, Maryland 20910

Dear Ann:

I am in receipt of your letter of September 7, 1995 requesting histopathology reports on the two dolphins that were transferred from Ocean World to the Institute for Marine Science and died at our facility. You referenced my correspondence in which I said I would forward these reports to you.

After I sent the letter, I reviewed my responsibilities under the amended law and am satisfied that I have met all requirements. It is my understanding that the amended Marine Mammal Protection Act requires that I notify you about the date of death of any animal imported from the United States and the cause of death.

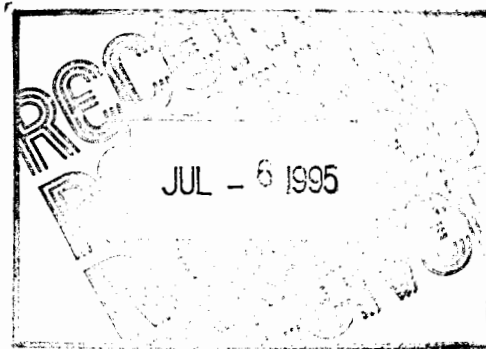
I hope that the information I have provided you was satisfactory and look forward to working with you in the future.

Sincerely,

Eldon Bolton

*education* • *research* • *conservation* • *recreation*

Ms. Ann Terbush  
Chief, Permits Division, F/PR1  
Office of Protected Resources  
National Marine Fisheries Service  
1315 East-West Highway  
Silver Spring, MD 20910-3226



RE: Certification of Marine Mammal Data Sheets

Dear Ms. Terbush:

Enclosed are:

- X my verified/corrected address and contact sheet,  
and
- X my verified and corrected Marine Mammal Data  
Sheets.

In accordance with the inventory requirements of the Marine Mammal Protection Act of 1972, as amended, I hereby certify that the enclosed verified/corrected Marine Mammal Data Sheets, as supplemented by the enclosed new data sheets (where applicable), are accurate and complete.

Certifying Official: Eldon Bolton, Director  
(print name and title)

Signature: Eldon Bolton Date: 6/31/95

I understand that, after the Marine Mammal Inventory database has been edited, Marine Mammal Data Sheets for each animal on my inventory will be forwarded to me for my records and future use.

Sincerely,

Michael J. ...  
(name and title)

Enclosures

202  
P40

OMB No. 0648-0084, exp 9/30/96

PHF#: PHF000202

For NMFS Use Only

**I. Person/Holder/Facility-Specific:**

Active: Yes

☐ Permit/GA Applicant      ☐ Permit/GA Holder      ☒ Animal Holder      ☒ Facility      ☐ Other

Name: INSTITUTE FOR MARINE SCIENCES

Address: ROATAN, BAY ISLANDS

City: HONDURAS State:        Zip:        Country: HO

## II. Responsible Official:

Name: Julio Galindo

Title: President

Phone: 504 45-1272 Fax: 504-45-1140

E-Mail: \_\_\_\_\_

### III. Contact:

Name: Eldon Bolton

Title: Director

Phone: 504 45-1327 Fax: 504-45-1329

**E-Mail:** \_\_\_\_\_

# MARINE MAMMAL DATA SHEET

Date 06/16/1995SHT# SHT0006480

OMB No. 0648-0084, exp 9/30/96

HN: PHF000202 SN: 054

For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine MammalFacility: INSTITUTE FOR MARINE SCIENCES  
Name of Facility (if different from Holder)Date assumed custody: 0 2 - 2 8 - 9 5 Date arrived at Facility: 0 2 - 2 8 - 9 5City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of FacilityAnimal Identification No. 9502-B-M01 Animal Name: POLITO  
(assigned by holder) (assigned by holder)Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name - Scientific NameNOAA Identification No. NOA0004536 (☐ check here if unknown or not yet assigned)Date of birth: 0 2 - 2 8 - 9 5 ☒ Actual ☐ Estimated ☐ UnknownCaptive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ UnknownDate of original captivity: 0 2 - 2 8 - 9 5 (ATTACH documentation if before December 21, 1972.)

## III. Source:

 Indicate how and from whom custody of this animal was obtained, including change in facility.☒ Captive birth☐ Transfer/ Transport Name of Previous Holder: \_\_\_\_\_  
Name of Previous Facility: \_\_\_\_\_☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))☐ Beach/Stranded (Please see notes)☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition:

 The date and reason this animal left your custody or changed facility.☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ OtherIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006479

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: APOLLO  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004535 (☐ check here if unknown or not yet assigned)

Date of birth: 0 6 - 2 0 - 9 2 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 0 6 - 2 0 - 9 2 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings



# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006478

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: SPIRIT  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004534 (☐ check here if unknown or not yet assigned)

Date of birth: 1 0 - 2 0 - 9 1 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 1 0 - 2 0 - 9 1 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_

Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other

If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)

Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006477

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 09 - 15 - 94 Date arrived at Facility: 09 - 15 - 94

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: ECHO  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004533 (☐ check here if unknown or not yet assigned)

Date of birth: 01 - 19 - 90 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 01 - 19 - 90 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006476

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: TROUBLE  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004532 (☐ check here if unknown or not yet assigned)

Date of birth: 0 6 - 2 8 - 8 7 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 0 6 - 2 8 - 8 7 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_

Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☒ Death Date: 0 9 - 2 4 - 9 4 Cause: ☐ Premature/still birth ☐ Euthanasia ☒ Other

If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: BRONCHOPNEUMONIA AND LIVER DISEASE

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)

Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006475

OMB No. 0648-0084, exp 9/30/96

HN: PHF000202 SN: 054

For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 09 - 15 - 94 Date arrived at Facility: 09 - 15 - 94

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: DELTA  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004531 (☐ check here if unknown or not yet assigned)

Date of birth: 01 - 01 - 86 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 01 - 28 - 88 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other

If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)

Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006474

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: TAG  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004530 (☐ check here if unknown or not yet assigned)

Date of birth: 0 7 - 1 1 - 8 7 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 0 7 - 1 1 - 8 7 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006473

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 09 - 15 - 94 Date arrived at Facility: 09 - 15 - 94

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: DIANA II  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004529 (☐ check here if unknown or not yet assigned)

Date of birth: 06 - 01 - 72 ☒ Actual ☐ Estimated ☐ Unknown

Captive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 06 - 01 - 72 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006472

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: DIMPLES II  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☒ Male ☐ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004528 (☐ check here if unknown or not yet assigned)

Date of birth: 0 1 - 0 1 - 6 5 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 0 6 - 0 1 - 7 0 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006471

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 — 1 5 — 9 4 Date arrived at Facility: 0 9 — 1 5 — 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: SQUIRT  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004527 (☐ check here if unknown or not yet assigned)

Date of birth: 0 1 — 0 1 — 6 0 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 0 6 — 0 1 — 7 0 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☒ Death Date: 1 1 — 0 3 — 9 4 Cause: ☐ Premature/still birth ☐ Euthanasia ☒ Other

If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: HEPATIC DISEASE & PULMONARY CONGESTION

☐ Release Date: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)

Location: \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings



# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006470

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 09 - 15 - 94 Date arrived at Facility: 09 - 15 - 94

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: PENNY  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004526 (☐ check here if unknown or not yet assigned)

Date of birth: 01 - 01 - 61 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 06 - 01 - 67 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006469

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: MABEL  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004525 (☐ check here if unknown or not yet assigned)

Date of birth: 0 1 - 0 1 - 5 4 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 1 2 - 1 5 - 6 4 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Transport Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Recipient: \_\_\_\_\_  
Facility: \_\_\_\_\_

☐ Death Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

# MARINE MAMMAL DATA SHEET

Date 06/16/1995  
SHT# SHT0006468

OMB No. 0648-0084, exp 9/30/96  
HN: PHF000202 SN: 054  
For NMFS Use Only

## I. Holder-Specific:

Holder: INSTITUTE FOR MARINE SCIENCES Facility: INSTITUTE FOR MARINE SCIENCES  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)

Date assumed custody: 0 9 - 1 5 - 9 4 Date arrived at Facility: 0 9 - 1 5 - 9 4

City/State/Zip (include Country for foreign facilities): HONDURAS, HO  
Location of Facility

Animal Identification No. \_\_\_\_\_ Animal Name: TIGER  
(assigned by holder) (assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: ATLANTIC BOTTLENOSE DOLPHIN - TURSIOPS TRUNCATUS Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name

NOAA Identification No. NOA0004524 (☐ check here if unknown or not yet assigned)

Date of birth: 0 1 - 0 1 - 4 9 ☐ Actual ☒ Estimated ☐ Unknown

Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown

Date of original captivity: 1 1 - 1 5 - 6 4 (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth

☒ Transfer/ Transport Name of Previous Holder: OCEAN WORLD ASSOCIATES  
Name of Previous Facility: OCEAN WORLD ASSOCIATES

☐ Import Permit No. \_\_\_\_\_ or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))

☐ Beach/Stranded (Please see notes)

☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Recipient: \_\_\_\_\_  
Transport Facility: \_\_\_\_\_

☒ Death Date: 05 - 28 - 95 Cause: ☐ Premature/still birth ☐ Euthanasia ☒ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: report attached

☐ Release Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)

Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Tag number or description of other identifying markings

From: Gus W. Salvador, D.V.M., M.Div.  
Episcopal Medical Mission & Recompression Chamber  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103  
Telephone & Fax (504) 45-15-15

To: Mr. Eldon Bolton, Director  
IMS, AKR  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103

Date: 12 June 1995

Re: Postmortem Examination of a Dolphin

Subject Animal: Atlantic Bottlenose dolphin-"Tursiops truncatus" "Tiger" F DOB 1949, transported to Roatan from Florida September 15, 1994.

There were no significant or remarkable pathological lesions except those I have noted below. Representative tissue samples were taken for histopathological examination.

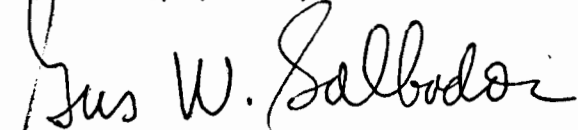
Gastrointestinal: The dolphin is of average flesh, blubber is slightly thin and icteric. Two black plastic spheres of 10.25 CM diameter were removed from: one from the first pyloric chamber, the second was removed from the first stomach compartment. The mucosa adjacent to these spheres was thickened and inflamed. The spheres were coated with a thick, foul smelling tar-like material, perhaps of fish oil origin. Mesenteric lymph nodes are thickened with foci of hemorrhage.

Respiratory: The lung is injected with blood, red hepatization and pneumonia in both lobes.

Liver: The gall bladder is empty. There is fibrosis of the inferior lobe.

Impression: This is an aged dolphin with her death possibly due to complications of a *Pseudomonas aeruginosa* pneumonia.

Sincerely yours,



Gus W. Salvador, D.V.M., M.Div.  
Executive Director

06/31/95

Tissue samples have been submitted for histopathology.  
Examination is incomplete at this time.





**UNITED STATES DEPARTMENT OF COMMERCE**  
**National Oceanic and Atmospheric Administration**  
NATIONAL MARINE FISHERIES SERVICE  
Silver Spring, Maryland 20910

Mr. Julio Galindo  
President  
Institute for Marine Sciences  
Roatan, Bay Islands  
Honduras

Dear Mr. Galindo:

Amendments to the Marine Mammal Protection Act of 1972 (MMPA) were enacted on April 30, 1994 (1994 Amendments). Under these amendments, several significant changes were made concerning the public display of marine mammals, including specific requirements that persons holding marine mammals must submit certain information to the National Marine Fisheries Service (NMFS). These changes were discussed in the NMFS Office of Protected Resources MMPA BULLETINS dated September 1994 and November 1994 that were sent to you previously. If you need copies of these MMPA BULLETINS, or of the 1994 Amendments, please contact us at the numbers below.

The 1994 Amendments eliminated the requirement that NMFS specify conditions of captive care, supervision, and transportation. Essentially this means that, for marine mammals held for public display purposes, conditions of care and transport are no longer subject to the jurisdiction of the MMPA. And, although permits continue to be required for captures and imports, MMPA permits are no longer required to hold marine mammals for purposes of public display. The conditions included in existing NMFS public display authorizations (i.e., permits, letters of agreement, and letters of authorization) that affect captive care or transport are rendered void by the 1994 Amendments. Except for certain notification and reporting requirements, the care and transport of marine mammals held for public display purposes are subject solely to the standards established by the Animal and Plant Health Inspection Service (APHIS) under the Animal Welfare Act (i.e., 9 CFR parts 1, 2, and 3). In addition, although the 1994 Amendments require that you adhere to certain transport notification requirements, NMFS authorization is no longer required for the transport of marine mammals. This means that you are no longer required to first request and then wait to receive NMFS authorization before transporting marine mammals.

The 1994 Amendments require NMFS to establish and maintain an inventory of captive marine mammals. As you know, under the terms and conditions of permits and letters of agreement issued since enactment of the MMPA in 1972, and with your cooperation, we have maintained an inventory of captive marine mammals for a number of years in a computerized database. In consideration of this new statutory emphasis, we are taking several steps to ensure a complete and accurate inventory. Your cooperation in meeting these new requirements is essential.



P513

Under the 1994 Amendments, holders of marine mammals must provide at least 15-days notice prior to the transport of marine mammals. NMFS must also be notified of captive births and deaths. In conjunction with our ongoing efforts to streamline the permit process, and to carry out the intent of Congress, we are working on ways to implement these and other provisions of the 1994 Amendments simply and consistently, and in a manner requiring minimal effort and red-tape on the part of holders of marine mammals for public display.

In this regard, enclosed are two formats that we have prepared to simplify your compliance with and our administration of both the 15-day transport notification and other inventory reporting requirements. The Marine Mammal Transport Notification format should be used to notify NMFS of any marine mammal transport. The Marine Mammal Data Sheet format should be used to report any changes in your inventory, including births, deaths, transports (i.e., in conjunction with transport notifications), or for the submission of other marine mammal data that is animal-specific. The transport notification format has also been designed to be used to notify NMFS of exports for purposes of public display. However, a requirement for foreign government certification also must be met in any case involving exports (see the "Exports" explanatory page). Until these or similar formats are required by regulation, use of the enclosed formats is optional. However, if you choose not to use these formats, to avoid violation of applicable MMPA requirements you must none-the-less meet the same notification requirements and provide documentation meeting all the same informational requirements.

We believe the enclosed formats are straightforward and simple. Notes have been included to make them self-explanatory. Please begin using them immediately.

Again, let me emphasize that prior authorization or permits are NOT necessary for the transport of captive marine mammals for public display purposes. In the past, you frequently took the time to prepare a transmittal letter for your permit application or authorization request. This is no longer necessary. Submission of these formats alone is sufficient. If, however, you are planning to apply for a permit to import or capture marine mammals, please contact us regarding updated application instructions.

In a related matter, some of you have called about the annual inventory update that in past years you have received, reviewed, and, in most cases, returned by now. This annual inventory update process has been delayed this year while we revise our database software to support the new requirements of the 1994 Amendments. This process includes "porting" our existing inventory database into revised data fields. These revised data fields are essentially the same as those included in

the enclosed Marine Mammal Data Sheet and Marine Mammal Transport Notification formats. In addition, a revision of the existing Marine Mammal Inventory Form is being developed to meet the need for presenting holder-specific inventory information in summary form. In short, sometime in the next several weeks after this process is completed we will be sending you a package of Marine Mammal Data Sheets listing each marine mammal included in the present Marine Mammal Inventory as being held now, or having been held at some time in the past, by you. We are working to ensure that, as much as possible, these holder-specific data sheets will include all the information from the existing inventory database. We will ask that you update, and as necessary revise, these data sheets to ensure an accurate starting point for the new MMPA-mandated Marine Mammal Inventory. This will be a one-time only exercise, after which annual updates will involve holder-specific inventory information in summary form, and Marine Mammal Data Sheets will only need to be submitted on a case-by-case basis (e.g., transport, birth, death, etc.).

NMFS is also examining other possible formats that would be useful in submitting required information or authorization requests. We plan to incorporate the use of any new formats in proposed revised permit regulations we plan to publish in 1995. Your comments on improvements to the enclosed formats is solicited and appreciated. Please contact us at the address or numbers below if you have any questions.

Sincerely,



Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources

Enclosures

Permits Division, F/PR1  
Office of Protected Resources  
National Marine Fisheries Service  
1335 East West Highway  
Silver Spring, MD 20910

Phone - 301/713-2289  
FAX - 301/713-0376



UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
NATIONAL MARINE FISHERIES SERVICE  
Silver Spring, Maryland 20910

SEP 7 1995

Mr. Eldon Bolton  
Director  
Institute for Marine Sciences  
1385 Coral Way, Ste. 401  
Miami, FL 33145

Dear Mr. Bolton:

This is a followup to your January 4, 1995, letter in which you indicate that histopathology results for "Trouble" and "Squirt" would be forwarded to this office. We would appreciate receiving these reports as soon as possible. Thank you.

Sincerely,

Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources





[5] From: Ann Terbush 9/1/95 1:35PM (401 bytes: 4 ln)

To: Ann Hochman

Subject: Elisa Bobb

----- Message Contents -----

Ann-Could you check and see if we got the histopaths expected on the Honduras dolphin that Elisa Bobb wrote in about? If we didn't, even though we cannot legally require it, lets send a letter asking for it as promised in their earlier letter--ADT



UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
NATIONAL MARINE FISHERIES SERVICE  
Silver Spring, Maryland 20910

SEP 11 1995

Ms. Elisa L. Bob  
Researcher  
Humane Society International  
2100 L Street, N.W.  
Washington, D.C. 20037

Dear Ms. Bob:

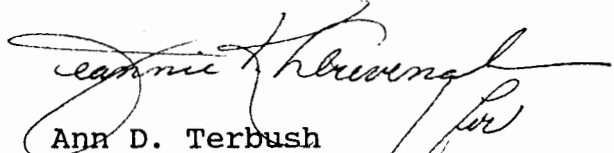
Thank you for your September 4, 1995, letter regarding the histopathology reports for two of the dolphins at the Institute for Marine Sciences (IMS), and the Marine Mammal Inventory Report (MMIR) for the Undersea World of Crescent City.

We have reviewed the IMS permit file as well as recent inventory updates and find that the subject reports have not been received. Although we have requested these reports, please note that this information is optional as the Marine Mammal Protection Act (MMPA) does not mandate this information for the Marine Mammal Inventory. However, we will forward a copy of the reports to you if IMS responds favorably to our recent request.

Regarding the inventory for Undersea World, the database for the new Permit Program Information Management System (PPIMS) covers the existing MMIR inventory database only. Since inventory information for pre-Act animals continues to be provided on a voluntary basis, it is unlikely that Undersea World will be listed in PPIMS until it receives captive marine mammals authorized under the MMPA from another public display facility, or Undersea World applies for a permit for the capture or import of marine mammals for public display purposes.

For further information regarding inspections under the Animal Welfare Act or re-licensing requirements, you may wish to contact Dr. Barbara Kohn, Animal Plant and Inspection Service, at (703) 734-7316.

Sincerely,

  
Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources

cc: Dr. Barbara Kohn



**HUMANE SOCIETY  
INTERNATIONAL**

John A. Hoyt  
*President*

David K. Wills  
*Executive Director*

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Alvaro Posada-Salazar, *Director*

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*Bioethics and Farm Animal  
Protection*

John W. Grandy, Ph.D.  
*Wildlife and Habitat Protection*

August 22, 1995

Ms. Ann Terbush, Chief  
Permits and Documentation Division  
National Marine Fisheries Service  
National Oceanic and Atmospheric Administration  
United States Department of Commerce  
Room 13121  
1315 East-West Highway  
Silver Spring, MD 20910

Fax: 301/713-2258

Dear Ms. Terbush:

I am writing to request the histopathology reports for the two dolphins (formerly of Ocean World) who died at the Institute for Marine Science in Honduras. Their names were "Trouble" and "Squirt." Necropsy reports for these two animals indicate that tissue samples were being sent to the United States for examination; and a subsequent letter dated January 4 from Eldon Bolton, Director, IMS, states that results of the histopathology examination would be forwarded to your office when available.

If you can send a copy of these to me, or, preferably fax them, once you locate them, I would be most appreciative. My fax number is 301/869-9562; and my direct phone number is: 301/258-3180.

Once again, thank you for your assistance.

Sincerely,

Elisa L. Bob  
Researcher  
Investigations

**HUMANE SOCIETY  
INTERNATIONAL**

**John A. Hoyt**  
*President*

**David K. Wills**  
*Executive Director*



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**Latin American Office**  
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*Secretary/General Counsel*

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B. Vet. Med., MRCVS**  
*Bioethics and Farm Animal  
Protection*

**John W. Grandy, Ph.D.**  
*Wildlife and Habitat Protection*

**September 4, 1995**

**Ms. Ann Terbush, Chief  
Permits and Documentation Division  
National Marine Fisheries Service  
National Oceanic and Atmospheric Administration  
United States Department of Commerce  
Room 13121  
1315 East-West Highway  
Silver Spring, MD 20910**

**Dear Ms. Terbush:**

**Thank you for answering my questions this morning.**

**I have spoken with Dr. Kohn regarding the histopathology reports on Trouble and Squirt, the two dolphins who died at the Honduran facility. She says her office does not have them. I believe you said you weren't sure whether your office had actually checked for them or not yet. If not, could you please ascertain whether or not you have indeed received them.**

**On a different matter, I noticed that one of the marine mammals transferred from Ocean World when it closed was sent to Undersea World of Crescent City, however there is no MMIR for this facility. Pat Bradley told me this was because this is a Pre-Act animal. However, as I understand it, the animal is still protected by the Animal Welfare Act, and therefore APHIS inspections should still apply. Will this facility be included in the updated MMIR? I understand that your office has the authority to request a site visit by APHIS. A site visit for Undersea World of Crescent City may be in order if this facility has not been recently inspected.**

**Sincerely,**

**Elisa L. Bob  
Researcher**

**Humane Society International  
2100 L Street, NW, Washington, DC 20037  
(301) 258-3010 FAX (301) 258-3077**



UNITED STATES DEPARTMENT OF COMMERCE  
National Oceanic and Atmospheric Administration  
NATIONAL MARINE FISHERIES SERVICE  
Silver Spring, Maryland 20910

NOV - 1 1995

Ms. Elisa L. Bob  
Researcher  
Humane Society International  
2100 L Street, N.W.  
Washington, D.C. 20037

Dear Ms. Bob:

This is a followup to our September 4, 1995, letter regarding the histopathology reports for two of the dolphins at the Institute for Marine Sciences (IMS).

As we noted in our letter, histopathology reports are optional as the Marine Mammal Protection Act does not mandate this information for the Marine Mammal Inventory. Although we requested these reports, as you can see from the attached correspondence, IMS has declined to provide them.

Please let me know if we can be of further assistance.

Sincerely,

Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources

Enclosure



---

## Facsimile Cover Sheet

**To:** NMFS, Permits Division  
**Company:** Office of Protected Resources  
**Phone:**  
**Fax:** 301 713-0376


**From:** Eldon Bolton  
**Company:** Roatan Institute for Marine Sciences  
**Phone:** (504) 45-1327  
**Fax:** (504) 45-1329

**Date:** 09/04/95

**Pages including this  
cover page:** 3

**Comments:**

Notification of death of Mabel, OW-TT-6403. Originals to follow by U.S. Mail.



Eldon Bolton  
Director  
Roatan Institute for Marine Sciences  
Roatan, Honduras

16  
16  
16  
16  
16

**MARINE MAMMAL DATA SHEET**

(Recommended Format - 2/1/95)

Date

9/4/95

OMB No. 0648-0084, exp 9/30/96

HN:

SN:

For NMI'S Use Only

**I. Holder-Specific:**Holder: Institute for Marine Sciences Facility: \_\_\_\_\_

Person or other Entity With Custody of the Marine Mammal

Name of Holding Facility (if different from Holder)

Date assumed custody: 09-15-95Date arrived at Holding Facility: 09-15-95City/State/Zip (include Country for foreign facilities): Sandy Bay, Rotan, Honduras

Location of Holding Facility

Animal Identification No. OW-TI-6403

(assigned by holder)

Animal Name: Mahe

(assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: Bottle nose Tursiops truncatus Sex: ☐ Male ☒ Female ☐ Unknown

Common Name

Scientific Name

NOAA Identification No. \_\_\_\_\_ (☒ check here if unknown or not yet assigned)Date of birth: \_\_\_\_\_ - 54 ☐ Actual ☒ Estimated ☐ UnknownCaptive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beached/stranded ☐ UnknownDate of original captivity: 12-15-64 (ATTACH documentation if before December 21, 1972.)**III. Source:** Indicate how and from whom custody of this animal was obtained.☐ Captive birth☒ Transfer Name of Previous Holder: Ocean World, Ft. Lauderdale, FL☐ Import Permit No. \_\_\_\_\_ or ☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_

Location: \_\_\_\_\_

Latitude/Longitude

Geographical Name

**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer Date: \_\_\_\_\_ Recipient: \_\_\_\_\_☒ Death Date: 08-10-95 Cause: ☐ Premature/Still Birth ☐ Euthanasia ☒ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ otherIf "Other Cause," describe briefly: See necropsy report☐ Release Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape

(Reintroduction)

Location: \_\_\_\_\_

Latitude/Longitude

Tag Number or Description of Other Identifying Markings

From: St. Luke's Episcopal Medical Mission &  
Apartado Postal 102  
Roatan, Bay Islands  
Honduras, Central America CP 34101  
Telephone and Fax (504) 45-15-15

To: Mr. Eldon Bolton, Director  
Institute for Marine Science,  
Anthony's Key Resort  
Sandy Bay, Roatan, Bay islands  
Honduras, Central America CP 34103

Date: 10 August 1995

Re: Postmortem examination of a Dolphin

Subject Animal: Atlantic bottlenose dolphin Tursiops truncatus (OW-TT-6403); "Mabel"; Sex: Female; DOB: estimated 1954; captured 12/15/64; transported to Roatan from Florida September 15, 1994. Died 10 August 1995.

Mabel has been in failing health for months, had an intermittent appetite; lost significant body weight. On 7/29/95 wt was 255lbs. Pure cultures of Staphylococcus aureus were isolated from lung tissue.

Autopsy: The body is strikingly thin suggesting an emaciated animal. There was no significant or remarkable pathological lesions seen except those noted below. Representative tissue samples were taken from lung, liver, kidney, stomach, small intestine, lymph nodes. Sterile cultures taken from heart, lung and liver. The dolphin has minimal blubber and is strikingly icteric.

Respiratory: The pleura is injected with petechia. Both lungs are fibrosed, had abscessed nodules suggesting a chronic infectious pneumonia. Staphylococcus aureus isolated.

Hepatic: The liver is enlarged, rounded edges, and completely fibrotic. There is an absence of "normal" tissue. Serum chemistry readings reflect abnormally high enzymes values of an animal with a liver failure.

Impression: An aged dolphin that died of chronic liver failure complicated by a chronic respiratory infection.

Sincerely,

*Gus W. Salvador*  
Gus W. Salvador, D.V.M.,  
Executive Director





**MARINE MAMMAL DATA SHEET**

Date

3/7/95

(Recommended Format - 2/1/95)

OMB No. 0648-0084, exp 9/30/96

HN:

SN:

For NMFS Use Only

**I. Holder-Specific:**Holder: Institute for Marine Sciences Facility: \_\_\_\_\_

Person or other Entity With Custody of the Marine Mammal

Name of Holding Facility (if different from Holder)

Date assumed custody: \_\_\_\_\_

Date arrived at Holding Facility: \_\_\_\_\_

City/State/Zip (include Country for foreign facilities):

Sandy Bay, Rotan, Honduras

Location of Holding Facility

Animal Identification No. 95-02-M01

(assigned by holder)

Animal Name: Polito

(assigned by holder)

Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement**II. Animal-Specific:**Species: Tursiops truncatus

Common Name

Scientific Name

Sex: ☒ Male ☐ Female ☐ UnknownNOAA Identification No. \_\_\_\_\_ (☒ check here if unknown or not yet assigned)Date of birth: 02-28-95 ☒ Actual ☐ Estimated ☐ UnknownCaptive Origin (check only one): ☒ Captive born ☐ Wild capture ☐ Beached/stranded ☐ Unknown

Date of original captivity: \_\_\_\_\_ (ATTACH documentation if before December 21, 1972.)

**III. Source:** Indicate how and from whom custody of this animal was obtained.☒ Captive birth☐ Transfer

Name of Previous Holder: \_\_\_\_\_

☐ Import

Permit No. \_\_\_\_\_

or

☐ For Medical Treatment Otherwise Unavailable (16 U.S.C. 1379(h)(2))☐ Beached/stranded (Please see notes)☐ Wild capture

Permit No. \_\_\_\_\_

Collector: \_\_\_\_\_

Location: \_\_\_\_\_

Latitude/Longitude

Geographical Name

**IV. Disposition:** The date and reason this animal left your custody.☐ Transfer

Date: \_\_\_\_\_

Recipient: \_\_\_\_\_

☐ Death

Date: \_\_\_\_\_

Cause:

☐ Premature/Still Birth☐ Euthanasia☐ Other CauseIf "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other

If "Other Cause," describe briefly: \_\_\_\_\_

☐ Release

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

or

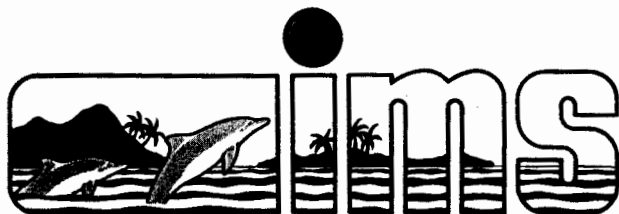
☐ Unauthorized release/escape

(Reintroduction)

Location: \_\_\_\_\_

Latitude/Longitude

Tag Number or Description of Other Identifying Markings



**institute for marine sciences**  
*instituto de ciencias marinas*

January 4, 1995

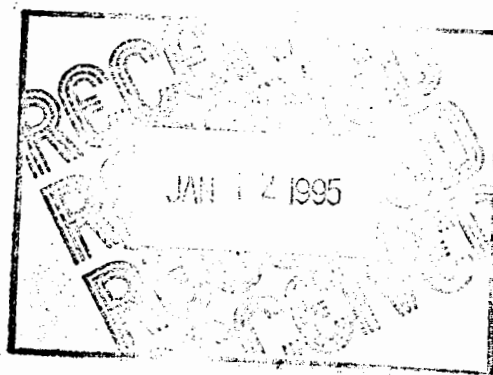
Ann D. Terbush  
Chief, Permits Division  
Office of Protected Resources  
National Marine Fisheries Service  
1335 East-West Highway, F/PR1  
Silver Spring, MD 20910

Dear Ms. Terbush,

Enclosed is an updated marine mammal inventory report for the animals acquired from Ocean World. I have also included copies of necropsy reports for dolphins "Trouble" and "Squirt". Tissue samples for both animals have been sent for histopathology. The results are not complete at this time. As soon as additional information is available, it will be forwarded to you.

Sincerely,

Eldon Bolton  
Director  
Institute for Marine Sciences



*education*

• *research*

• *conservation*

• *recreation*

9513

## MARINE MAMMAL INVENTORY REPORT

Date of Report: 01/04/95

Name of Animal Holder: Institute for Marine Sciences

Species Scientific Name: Tursiops truncatus

Common Name: Atlantic Bottlenose Dolphin (code=054)

ANIMAL NAME/ IDENTIFICATION	SEX	EST BIRTH YEAR	AUTHOR DOCUMENT	DATE TAKEN OR AQUIRED	TAKE TYPE	LOCATION OF TAKE PLACE NAME AND LATITUDE-LONGITUDE	COLLECTOR OR SOURCE	CURR STAT	DEATH OR DISPOSITION		NECRP FILED
									DATE	EXPLANATION	
TIGER	F	1949	P/A*	09/15/94	EX	OCEAN WORLD	SANTINI	G-N			
MABEL	F	1954	P/A*	(ALL	EX	ASSOCIATES	PEDRO	G-N			
PENNY	F	1961	P/A*	ANIMALS)	EX	FT. LAUDERDALE, FL.	HAMILTON	G-N			
SQUIRT	F	1960	P/A*		EX	(ALL ANIMALS)	HAMILTON	D-N	11/03/94, see report		
DIMPLES II	M	1965	P/A*		EX		HAMILTON	G-N			
DIANA II	F	1972	P/A*		EX		N/A	G-N			
TROUBLE	M	1987	*		EX		N/A	D-N	09/24/94, see report		
TAG	F	1987	#105*		EX		N/A	G-N			
DELTA	F	1986	#334*		EX		APPLIED MARINE RESOURCES CORP.	G-N			
ECHO	M	1990	*		EX		N/A	G-N			
SPIRIT	F	1991	#334*		EX		N/A	G-N			
APOLLO	M	1992	*		EX		N/A	G-N			

\*TRANSFERRED UNDER CITES PERMIT US794562

From: Gus W. Salbadór, D.V.M., M.Div.  
Episcopal Medical Mission  
Sandy Bay  
Roatan, Honduras, C.A.

To: Eldon Bolton  
IMS, Anthony's Key Resort  
Roatan, Honduras, C.A.

Date: 24 September 1994

Re: Postmortem Examination of a Dolphin

Species: *Tursiops truncatus*. Sex: male. Name: "Trouble"

This is a male Dolphin recently transported to Roatan from the United States was found dead early in the morning of 24 September 1994. The dolphins body appeared to be well nourished, with two small 5cm x 1cm abrasions in the skin of the ventral abdomen, apparently a result of the transport. There were no significant or remarkable other lesions except those as noted below for the following organ systems:

#### Lungs:

There was an prominent 5 cm circular, raised, well organized adhesion, appearing to be of some age, between the inferior lobe of the left lung and the anterior diaphragm surface. The interior surface of the trachea is dark red, with some petechia in the smaller bronchi.

Both the left and right lung surface had many raised, firm organized fibrous nodules, being small abscesses filled with white to light to yellow pus-produced pure cultures of Pseudomonas aeruginosa. Both lungs appeared swollen and red to dark red. There was areas of red hepatization and edema of both lungs affecting about 60% of the pulmonary tissue. There was gas exchange of both normal and compromised lung tissue-it floated in water. Culture of blowhole secretions were negative for bacteria. Lymphatic glands of the thoracic wall were injected and hemorrhagic. A stab culture into normal lung appearing (through a seared surface) yielded a pure culture of Pseudomonas aeruginosa bacteria.

#### Gastrointestinal:

The entire gastrointestinal tract was empty. There were no foreign materials seen. In the first compartment of the stomach there were 10-12 ulcers varying in diameter from 0.5-1.0 Cm.. The ulcers appeared to be non-active, dull appearing and slightly yellow and did not extend into the muscular layer of the stomach or perforate. There was bile in the lumen of the upper small intestine. There was no excessive fat in the mesentery. Mesenteric lymph nodes were normal appearing.

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**Liver:**

The liver tissue is pale grey in color, with a hint of yellow. The liver appeared to be infiltrated with fat and had slightly rounded to distinct margins. No normal appearing tissue was seen on gross evaluation of the dolphins liver.

**Heart :**

There was a few scattered petechial hemorrhage on the surface of the right and left ventricles. A stab culture of the heart was negative.

**Impression:**

Bronchopneumonia and liver disease ( severely compromised liver).

Representative tissue samples were taken from the heart, lungs, liver, kidney, muscle, stomach, thoracic and visceral lymph nodes for histological evaluation in the United States.

Sincerely,

Gus W. Salvador,  
Director



From: Gus W. Salvador, D.V.M., M.Div.  
Episcopal Medical Mission & Recompression Chamber  
Sandy Bay, Roatan, Bay Islands  
Honduras, Central America CP 34103  
Telephone & Fax (504) 45-15-15

To: Eldon Bolton  
AKR IMS  
Sandy Bay, Roatan  
Central America

Date 5 November 1994

Re: Postmortem Examination of a Dolphin

Subject: Atlantic bottlenose dolphin-Tursiops truncatus  
"Squirt" (OW-TT-7001), F. DOB 1960 Acquired from Ocean  
World Animal Inventory.

This is a female dolphin recently transported to Roatan from the United States found dead early in the morning of 4 November. The postmortem examination was performed shortly thereafter. There were no significant or remarkable other lesions except those as noted below:

This dolphin is very thin, the ribs are prominent and the body contours are hollow. The blubber layer is thin and has a yellowish cast to it.

#### Lungs:

The superficial pectoral lymph nodes are injected and slightly icteric. The lungs are pink and spongy to the touch. Cut sections do float in water. There is white foam throughout the recesses of the main stem bronchi, perhaps agonal in origin. The surface of the bronchi have some paint brush hemorrhages. Portions of the tissue of the distal part of the lungs is injected with blood, and is slightly edematous.

#### Gastrointestinal

The first compartment of this dolphin's stomach contains the afternoon meal of undigested fish. The second compartment is empty-the mucosa of the entire stomach appears to be essentially normal. At the pyloric junction there are two, small (two mm) inactive, darkly brushed, indurated ulcers,. The gall bladder is empty. Mesenteric lymph nodes are unremarkable in appearance. .

#### Liver:

The liver is enlarged, dark grey in color, hard to the touch, "hobnailed" and slightly resistive to cutting, eg., it felt fibrotic. The liver weighed 10.4 pounds.

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**Kidney:**

Some of the architecture of the kidney-the calici- contains circular white areas. There were calculi (dark dense stone-like material) in the center of some of the calici.

**Muscular**

The muscles are atrophied, thinner and the fascia is somewhat yellow.

Impression:      A severely thin animal.  
                    Serious hepatic disease of unknown origin.  
                    Renal calculi.  
                    Pulmonary congestion.

Representative tissue samples were taken from lung, liver, heart, kidney, muscle, thoracic and visceral lymph nodes for histological evaluation in the United states. Serologically negative for Hepatitis B.

The nursing care and treatment of this animal by the IMS staff is exemplary of high standards of care for marine mammals. The staff at IMS are to be commended for their hard work, dedication to care and love for the animals under their supervision.

Sincerely,



Gus W. Salvador, Director